

Patent

Attorney Docket: 895,675-007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

NAIR et al.

Serial No.: 10/647,971

Filed: August 25, 2003

For: SYSTEM AND METHOD OF

CHARACTERIZING VASCULAR

TISSUE

TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Power of Attorney By Assignee. Applicant requests that a copy of the enclosed Power be entered for the above-referenced patent.

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I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as First Class Mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

June 25, 2004

Cynthia B. Pacheco

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Patent

Attorney Docket: 895,675-007

The Commissioner is hereby authorized to charge any fees that may be required, or credit any overpayment to Deposit Account No. 50-2862.

Respectfully submitted,

O'MELVENY & MYERS LLP

Dated: 6/23/04

By:

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POWER OF ATTORNEY By Assignee

<u>The Cleveland Clinic Foundation</u>, assignee(s) of the application for United States Letters Patent for an improvement in

SYSTEM AND METHOD OF CHARACTERIZING VASCULAR TISSUE by Nair et al.

the specification of which	ו:	
☐ is filed herewith, OR ☐ was filed on August 25, 2003, having U.S. Patent Application Serial No. 10/647,971,		
to prosecute this applica Office, and in countries of therefor before any com	my attorneys and/or agents, with full po- tion and transact all business in the Un- other than the United States, and to do a petent International Authorities in conne- ding to the above-identified application, lumber 34263:	ited States Patent and Trademark all things necessary or appropriate ection with any international patent
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Please send all correspondence to the attention of John Kappos, at the above Customer Number, and direct all telephone calls to (949) 737-2900.		
	are that I have reviewed copies of the dent application identified above from the	
was recorded	ordation herewith; or at Reel, Frame; or t for recordation under separate cover, c	opy attached herewith.
	signed's knowledge and belief, title is in igned is empowered to sign this docume	
Full Name of Assignee:	The Cleveland Clinic Foundation	
Post Office Address:	_	
	Cleveland, Ohio 44195	
Signature of Declarant or	Assignee:	Date:
French		10/16/03
Full Name of Declarant	·	
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